PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10714675

		CLAIMS AS	S FILED -	l	•	SMA	SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)		TYF	TYPE		OR	OR SMALL ENTITY	
TOTAL CLAIMS			75			-		ATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	SIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			75 minus 20=		* 55		X	\$ 9=		OR	X\$18=	990
<u> </u>	DEPENDENT CI	 		inus 3 =	* 2	* ~		43=		OR	X86=	177
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT				+1	45=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	" in column 2		OTAL		OR	TOTAL	1932
	С	LAIMS AS A	MENDED - PART II				OTHER THAN					
-		(Column 1)		(Colum		(Column 3)	SN	1ALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	9=		OR	X\$18=	
AME	Independent	*	Minus	***	CL AINA	=	X	43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-	OR	+290=	
			TOTAL		OR	TOTAL ADDIT. FEE	-					
(Column 1) (Column 2) (Column 3)												
В		CLAIMS		HIGHE	EST				ADDI-			ADDI-
AMENDMENT I		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	R/	ATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	XS	9=		OR	X\$18=	
\ME	Independent	*	Minus :	***		=	X	13=		OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
								45=		OR	+290=	
				OTAL . FEE		OR ,	TOTAL ADDIT. FEE					
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	IER USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOW	Total	*	Minus	**	<u>:</u>	= .	X\$	9=		OR	X\$18=	
AME	Independent	<u></u>				=	X4	3=		OR	X86=	· · · · · ·
	FIRST PRESE	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										
+145= * If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									•	OR ,	TOTAL ADDIT. FEE	
		mber Previously Pa ber Previously Paid							ropriate box			